

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOUSING TRUST FUND - INTAKE APPLICATION
DOWNPAYMENT ASSISTANCE (DPA)**



Date Complete Application Received:	Time Complete Application Received:
Contract Administrator:	Contract Number:
Applicant Name(s):	
Current Address:	
City, State, Zip:	Home Phone:

The Public Information Act gives individuals the right to access public records, but certain information may be excepted from public disclosure. Please visit the Office of Attorney General website at www.oag.state.tx.us and the Texas Government Code Chapter 552 at <http://tlo2.tlc.state.tx.us/statutes/docs/GV/content/htm/gv.005.00.000552.00.htm>.

HOUSEHOLD COMPOSITION AND CHARACTERISTICS - List Head of Household and all other persons who will be living in the home. Describe the relationship of each household member to the Head of Household. Attach a separate sheet if you need more space.

Household Member Name	Relationship to Head of Household	Date of Birth	Sex	Disabled	Social Security Number
	Head of Household			Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

FIRST-TIME HOMEBUYER

Has the Head of Household and/or his/her spouse owned a home during the last three (3) year period?

Yes No

Is Head of Household a displaced homemaker (i.e. an adult who has not worked full-time in the labor force for a number of years, but has during such years, worked primarily without remuneration to care for the home and family, is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment)?

Yes No

Is Head of Household a single parent who is unmarried and has one or more minor children for whom the individual has custody, or who is pregnant?

Yes No

HOUSEHOLD INCOME INFORMATION

Include: Military income, wages, salaries and tips, alimony, child support, part-time income, temporary income, Social Security, TANF, other benefits, other income. **FOOD STAMPS ARE NOT CONSIDERED INCOME – do not list food stamps.** List ALL household members and their incomes. Attach a separate sheet if you need more space.

Household Member Name	Full Time Student?	Source of Income (include employer name and phone number)	Rate of Pay	Payment Basis (weekly, monthly, etc.)

ASSET INFORMATION

Do you own real estate property? Yes No If yes, what is its current market value? _____.

If there is a mortgage on the property, what is the current balance owed on the mortgage? _____.

List the types and sources of all household assets. Provide the current cash value and the estimated annual income from the asset(s). Attach a separate sheet if you need more space

Household Member Name	Type and Source of Asset (savings/checking accounts, investments, etc.)	Cash Value of Asset	Annual Income From Asset

PROVIDE THE YEAR IN WHICH THE HOME BEING PURCHASED WAS BUILT, IF KNOWN:

Yes No

Are you entitled to receive court-ordered child support for any of your dependents?

If yes, what is the court-ordered amount? _____

Yes No

Are you receiving any amount of child support from persons not included in your household?

If yes, the amount must be included on Page 3 with Income Information.

Yes No

Are any household members temporarily absent from the home? If yes, state the reason he/she is absent: _____

Yes No Do you anticipate any other members will join your household within the next 12 months?
 If yes, explain: _____

Yes No Do you have accessibility needs? If yes, explain what those needs are: _____

PREFERENCE INFORMATION (SPECIAL NEEDS)

You may qualify for a preference for housing assistance if any of the following circumstances apply to a member(s) of your household and can be verified. Please check any that apply to you.

- Person(s) in this household are elderly or disabled. _____
- Person(s) in this household have special needs. _____
- I/we are currently homeless or living in substandard housing. Explain: _____
- I/we have been, or are about to be, involuntarily displaced from our housing. Explain: _____
- Other: _____

HEAD of HOUSEHOLD (check one) – THIS INFORMATION IS REQUIRED.

It is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

Race of Head of Household

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> American Indian/Alaska Native and White |
| <input type="checkbox"/> American Indian/Alaska Native and Black/African American | <input type="checkbox"/> Other Multi Racial |

Ethnicity of Head of Household

- Hispanic – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- Non-Hispanic – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

APPLICANT CERTIFICATION: All Applicants Age 18 and Over Must Sign.

I/We understand the information provided above is obtained to determine if I/we are eligible to receive Housing Trust Fund Program assistance. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law. I/We authorize the above-referenced Contract Administrator to verify all information provided on this application.

Signature of Applicant:	Date
Signature of Applicant:	Date
Signature of Applicant:	Date
Signature of Applicant:	Date
Signature of Contract Administrator:	Date